



Hot Topics in Pharmacy Compliance for the ASC

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The Fawks Company



About Us



MISSION: To provide 1-on-1 pharmacist support to keep ASCs on the forefront of pharmaceutical regulatory compliance.

VISION: To simplify compliance



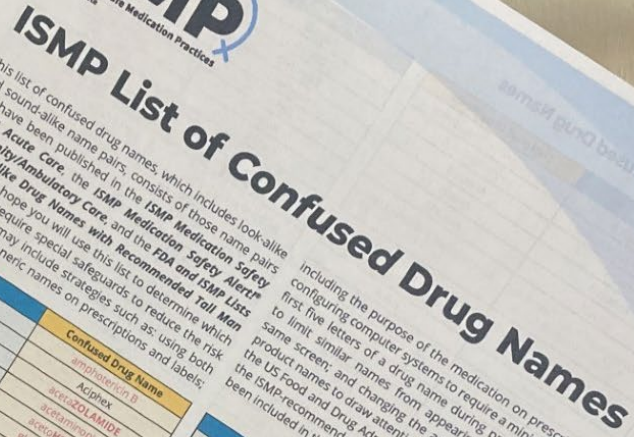
Outline

1	List of Confused Drug Names and High Alert Medication Process
2	Medication Waste
3	USP <797> and USP <800>
4	CSOS

List of Confused Drug Names and High Alert Medication Process

1

- Facility Specific
- Obvious – at **ALL** medication storage sites
- Denoted throughout



List of Confused Drug Names

This list of confused drug names, which includes look-alike and sound-alike name pairs, consists of those name pairs that have been published in the ISMP Medication Safety Alerts®, Acute Care, the ISMP Medication Safety Alerts®, Community/Ambulatory Care, and the FDA and ISMP Alerts of Look-Alike Drug Names with Recommended Tall Man Letters.

We hope you will use this list to determine which medications require special safeguards to reduce the risk of errors. This may include strategies such as: using both the brand and generic names on prescriptions and labels;

including the purpose of the medication on prescriptions; configuring computer systems to require a minimum of the first five letters of a drug name during product searches to limit similar names from appearing together on the same screen; and changing the appearance of look-alike product names to draw attention to the differences. Both the US Food and Drug Administration (FDA) approved and the ISMP-recommended tall man (mixed case) letters have been included in this list.

Drug Name	Confused Drug Name
Aceclofenac Accuproil	amiprasone B
acetaminophen ZOLOLAMIDE	Xanax
Nifedipine ER XANAMIDE	acepromorphan
	glacial acetic acid
	sertraline ZOLOLAMIDE
	Acetazolamide
	Ceftriaxone
	TINACLO
	Actos
Diclofenac sodium	

Drug Name	Updated through
Alantoin	
Allergan	
Allergin	
Allergic Reaction	

[illegible][illegible]

Facility hangs 14-page ISMP master list in the med room...



POV
Consultant
Pharmacist

Facility Specific

High Alert Medications	
Adrenergic Agonists	Insulin
ePHEDrine EPINEPHrine Phenylephrine	HumaLOG HumuLIN
Adrenergic Antagonists	Moderate Sedation Agents
Labetalol Metoprolol Esmolol	Diazepam Midazolam LORazepam
Anesthetic Agents	Opioids
Propofol Ketamine	oxyCONTIN oxyCODONE morphine oxyCODONE HYDROcodone HYDROmorphine Fentanyl Demerol
Antiarrhythmics	
Amiodarone	
Antithrombotic Agents	
Heparin	
Hypertonic/ Electrolytes	Paralytics
Dextrose 50% Magnesium Sulfate 50% Potassium Chloride Sodium Bicarbonate	Rocuronium Succinylcholine
	Contrast
	Omnipaque
	Vesicant
	Promethazine

UPDATED ON 11/27/23

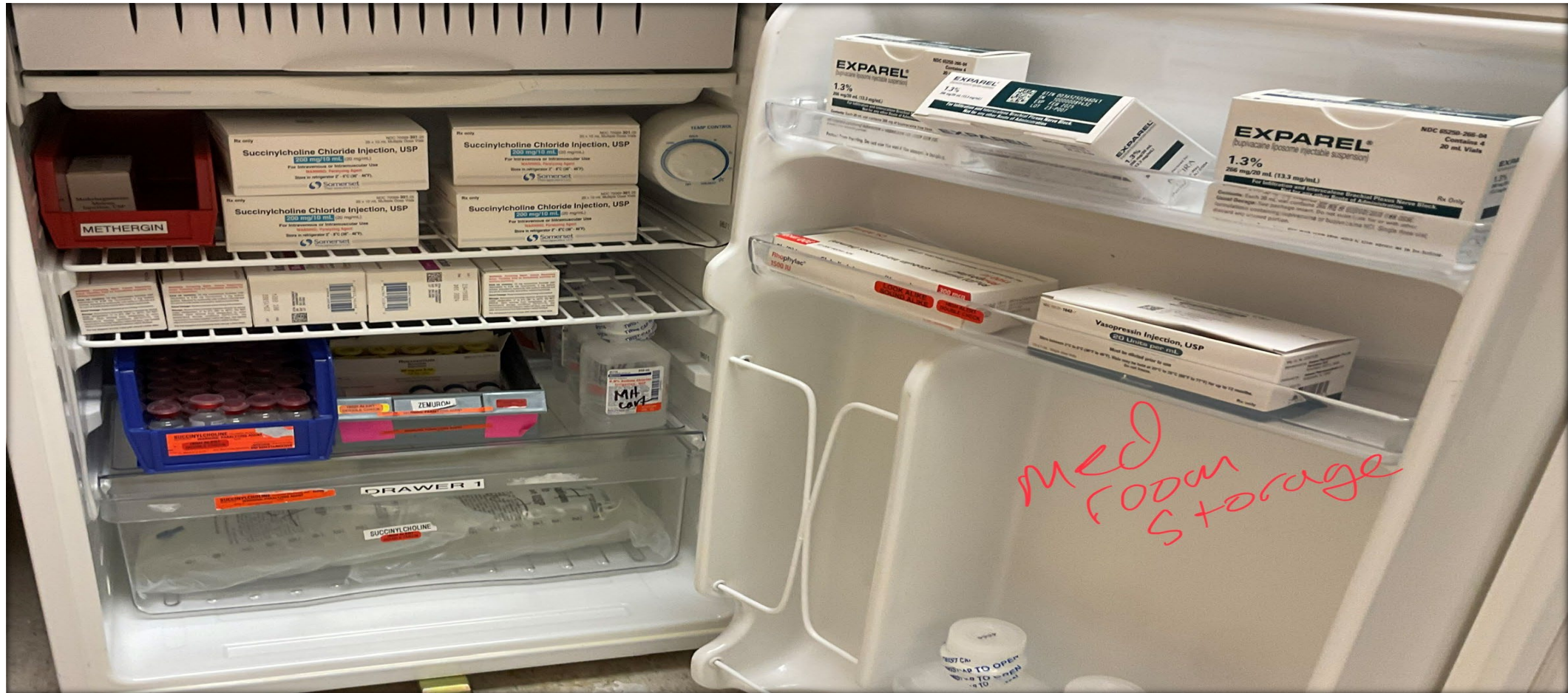
Drug Name	Confused Drug Name
ceFAZolin	cefTRIAxone
DEPO-medrol	SOLU-medrol
ePHEDrine	EPINEPHrine
HumuLIN	HumaLOG
HYDROcodone	oxyCODONE
HYDROmorphine	morphine
ketorolac	ketamine
flumazenil	influenza virus vaccine
ROPivacaine	BUPIvacaine
oxyCONTIN	oxyCODONE
SOLU-medrol	solu-CORTEF
rocuronium	Romazicon

UPDATED ON 11/27/23

Med Room



Med Fridge



Crash Cart



Anesthesia Cart



Medication Waste

2

- Controlled Substances
- Non-hazardous medication waste
- Hazardous waste

Controlled Substances

FIRST	Witnessed and rendered “irretrievable”
THEN	Disposed of as non-hazardous (or hazardous) waste
NOT	Landfill trash



Non-Hazardous Medication Waste

- Majority of medication waste generated at an ASC
- No limit to amount on site at any one time



Hazardous Medication Waste

- Very small amount of waste generated
- Use “Hazardous Waste Determination” to identify medications (i.e. insulin, mitomycin, inhalers, silver nitrate, etc.)



**Where do you
think medication
waste is going?**



BONUS



**Sharps Containers
generally, *NOT* for
medications**






Before.



After.

USP <797> Changes

3

	CURRENT (2008)	REVISED (2023)
 LESS Strict Changes		
Scope	Intended only for emergency situations or immediate patient administration	The emergency situation requirement has been removed
Compounding Complexity	Only low-risk level CSPs (no medium-risk or high-risk level); simple transfers only	The type or complexity of compounding is not specifically addressed
Batch Compounding	Not intended for storage for anticipated needs or batch compounding	Batching allowed for multiple doses and/or multiple patients if all conditions are met
# of Components	≤ 3 sterile <u>packages</u>	≤3 different sterile <u>products</u>
# of Manipulations	≤ 2 entries into any container/package	Entries into container not defined or addressed
Compounding Process	Compounding is a continuous process not to exceed 1 hour	Not addressed directly
Maximum BUD	1 hour	4 hours
Risk Level	Medium-risk and high-risk level CSPs shall not be prepared as immediate-use CSPs	Requirements for Category 1, Category 2, and Category 3 do not apply to immediate-use if all conditions are met

USP <797> Changes



+



=

2



Uh-OH!



USP <800> ASC Version

- 1) Cross reference formulary with NIOSH hazardous drug (HD) list – ***Not to be confused with hazardous waste***
- 2) Create assessment of risk for any identified medications
- 3) Create standard operating procedures
- 4) Training and attestation for any staff potentially in contact with HD

CSOS = **C**ontrolled **S**ubstance **O**rdering **S**ystem

Old Way

- Mailed in applications
- Passive registrant



New Way

- Online
- Active registrant

CSOS and DEA

New process is paperless

CSOS subscriber manual came out Feb 7th

Check the manual for details!



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Available to eSupport Members



eSupport > Medication Management > Medication Safety

- Risk Assessment: USP 800 Handling of Hazardous Drugs
- POLICY | Handling of Hazardous Drugs
- Hazardous Drug (HD) Acknowledgement of Reproductive Risk



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USP <800> IMPLEMENTATION

Download a sample risk assessment, policy, and form to help your facility achieve USP <800> compliance.

- [Risk Assessment: USP 800 Handling of Hazardous Drugs](#)
- [POLICY | Handling of Hazardous Drugs](#)
- [Hazardous Drug \(HD\) Acknowledgement of Reproductive Risk](#)

STORING, PREPARING AND LABELING MEDICATION

Medication management... give detailed information... one of the National

When storing and preparing... each other. Click below

or you can download at the bottom of this page). Some facilities have found that standardizing your medication regimen for procedures has reduced medication errors. Be sure that all physician orders are legible and present before administering medications and always check for allergies.

[ISMP | 2023 List of Look-Alike Drug Names with Recommended Tall Man \(Mixed Case\) Letters](#)

It is a good practice to use color coded allergy bands so staff can quickly recognize if a patient has allergies. For example:

- Allergies: red band with allergies clearly written
- NKA: blue band

It is important and included in the NPSG that all medication be labeled. This includes all medication in syringes, on the sterile field and in an IV bag. It is estimated that 7,000 persons die every year due to medication errors.

[HELP](#)



Available to eSupport Members

eSupport > Medication Management > Controlled Substances

- Perpetual Inventory Sheet
- Narcotic Control Sheet: OR
- Narcotic Control Sheet: Preop/PACU



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MEDICATION MANAGEMENT: CONTROLLED SUBSTANCES

Proper management of controlled substances is essential. Mismanagement may result in noncompliance and citation's during survey. Proper management includes:

- Policies and procedures that clearly outline processes for controlled substance management
- A double-lock controlled substances box adhered to the wall inside a locked cabinet that remains locked at all times.
- Maintenance of a perpetual inventory which provides an accurate at-a-glance count of controlled substances.
- Documentation of a physical count at the beginning and end of each day, by 2 licensed staff members (RNs).
- A controlled substances administration record which identifies the patient, drug and dose administered, and waste documented after each patient with two licensed signatures.
- Controlled substances are prepared for each individual patient immediately prior to use and properly labeled.
- Controlled substances are never be left unattended.
- DEA 222 forms are secured.

CALIFORNIA: INVENTORY RECONCILIATION REPORT

All California ASCs to perform quarterly inventory and reconciliation functions for Schedule II drugs. If you have a consulting pharmacist this could be done when the pharmacist makes their quarterly visits.

[California Code of Regulations, title 16, section 1715.65, "Inventory reconciliation report of Controlled Substances"](#)

[CA Board of Pharmacy: Inventory Reconciliation Regulation FAQs](#)

SEARCH

MEDICATION MANAGEMENT

[Medication Management Overview](#)

[Compounding](#)

Controlled Substances

[Eye Drops](#)

[Formulary](#)

[Infection Control](#)

[Medication Labeling](#)

[Medication Safety](#)

[CA Board of Pharmacy](#)

[Resources](#)

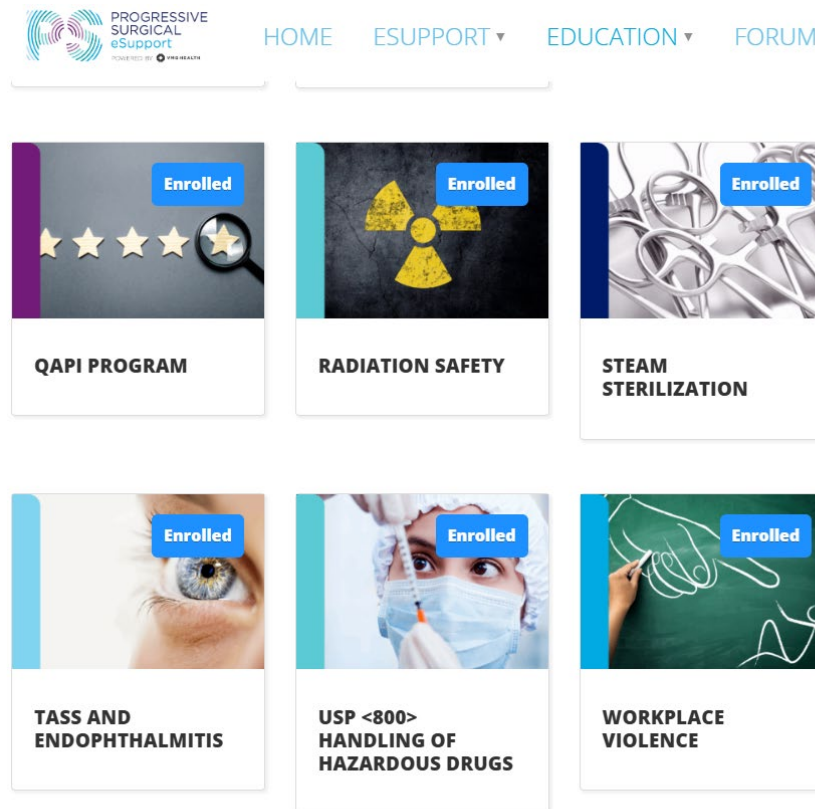
HELP



Education > My CE Courses > USP <800> Handling of Hazardous Drugs

- Online Course for employees

Available to
eSupport
Members

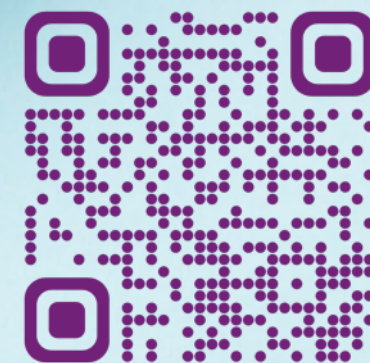




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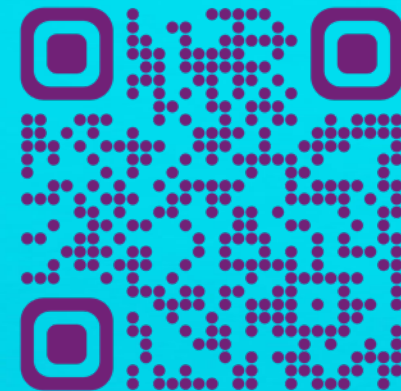
RUNNING AN ASC CAN BE OVERWHELMING





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A place to **connect, support,**
and **network** with other ASC
managers all over the country.



Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
OCT 24	60		Key Strategies for Enhancing ASC Financial Health and Profitability	Vanessa Sindell MSN, BSN, RN, CAIP Nancy Stephens <i>VMG Health</i>
NOV 10	20		Annual ASC Survey Watch Report 2025	Crissy Benze, MSN, BSN, RN <i>VMG Health</i>
DEC 12	60		Life Safety Code Survey Deficiencies and Compliance Strategies	John Crowder, Jr. PG, CHFM, CFP

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